

APPLICATION FOR FELLOWSHIP TRAINING

Name: _____
(Last) (First) (Middle)

Address: _____
(Street)

(City) (State) (Country) (Zip)

Telephone: Home: (____) _____ Work: (____) _____ FAX: (____) _____

E-mail: _____

Country of Birth: _____ **Date of Birth:** ____/____/____

Citizenship: US ____ Other ____ **Country:** _____

Visa Status: Permanent ____ Temporary ____ Type _____

Do you plan to practice in the field of public health?

Yes ____ No ____ Haven't decided ____:

If Yes, what city _____ state ____ country _____

FORMAL EDUCATION

DEGREE PROGRAM

	SCHOOL / INSTITUTE	DATE BEGUN	DATE COMPLETED	DEGREE AWARDED
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____

CLINICAL TRAINING

	TRAINING PROGRAM	INSTITUTE / HOSPITAL	DATE BEGUN	DATE COMPLETED:
1.	Internship	_____	_____	_____
2.	Residency	_____	_____	_____
3.	Other	_____	_____	_____

VETERINARY MEDICAL LICENSE IN THE STATE OF TEXAS:

Yes____ No____ License #_____ Issued ____/____/____ Expiration____/____/____

Comment: _____

VETERINARY MEDICAL LICENSE FROM ANY OTHER STATE OR COUNTRY:

Yes____ No____ License #_____ Issued ____/____/____ Expiration ____/____/____

Who issued the license:_____

Comment:_____

BOARD EXAMINATIONS IN A SPECIALTY AREA:

Yes____ No____

Specialty # 1_____ Date Certified____/____/____

Specialty # 2_____ Date Certified____/____/____

Sub-specialty # 1_____ Date Certified____/____/____

Sub-specialty # 2_____ Date Certified____/____/____

ALL POSITIONS HELD AS A VETERINARIAN OR PUBLIC HEALTH PROFESSIONAL

	INSTITUTION/HOSPITAL	POSITION HELD	FROM (DATES) TO	CONTACT NAME AND PHONE
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____
6.	_____	_____	_____	_____
7.	_____	_____	_____	_____
8.	_____	_____	_____	_____
9.	_____	_____	_____	_____

PROFESSIONAL DISCIPLINARY ACTIONS

Have you ever been released/terminated from a medical position because of allegations of professional incompetency, moral turpitude or unethical practice or behavior?

Yes_____ No_____ If yes, where and when? (Use a separate sheet if necessary).

Have you ever had your license suspended or removed?

Yes_____ No_____ If yes, please describe the circumstances and outcome including dates and name of medical authority which took action against you: (Use a separate sheet if necessary).

Have you ever had your credentials suspended or removed by any credentialing authority?

Yes_____ No_____ If yes, please describe the circumstances and outcome including dates and name of the organization/agency which took the action against you: (Use a separate sheet if necessary).

Have you ever been charged with or convicted of any criminal offense, felony or misdemeanor other than minor traffic or parking violations?

Yes_____ No_____ If yes, please describe the circumstances and outcome including dates and the agency which took the action against you: (Use a separate sheet if necessary)

Have you ever been addicted to and/or treated for alcohol and/or illegal drug abuse?

Yes_____ No_____ If yes, please describe the circumstances and outcome including dates and the name of professionals/institutions (Use a separate sheet if necessary).

Have you been convicted of driving while under the influence or driving while intoxicated?

Yes_____ No_____ How Many?_____ Date(s) occurred _____

I (print name)_____ certify that the information provided in this application is true and complete, to the best of my knowledge. I understand that any false or missing information may disqualify me for this position.

Signature of applicant _____(Date) _____

On a separate sheet, as needed, write a personal statement about why you wish to study preventive medicine and public health. Include comments about any previous training and/or experiences in this general field of work. If known, discuss how you plan to use the knowledge you would gain from the Fellowship Program.